	Application No.	Applicant(s)
Interview Summary	09/601,414	YOSHIKAWA ET AL.
	Examiner	**Art Unit**	
	Walter D. Griffin	1764	

All participants (applicant, applicant's representative, PTO personnel):

(1) *Walter D. Griffin*.   (3)_____.

(2) *Mike Patane*.   (4)_____.

Date of Interview: *29 October 2002* .

Type: a)☒ Telephonic   b)☐ Video Conference
       c)☐ Personal [copy given to: 1)☐ applicant   2)☐ applicant's representative]

Exhibit shown or demonstration conducted: d)☐ Yes   e)☒ No.
If Yes, brief description: _____ .

Claim(s) discussed: *1-12* .

Identification of prior art discussed: *Davis et al. (6,043,179); Zones et al. (5,215,648); WO 97/46486* .

Agreement with respect to the claims f)☐ was reached. g)☐ was not reached. h)☒ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: *Applicant argued that the prior art did not disclose or suggest the pore diameter and major channels limitations as in claim 1. The examiner stated that the argument did not appear to be persuasive because it is believed that the zeolites disclosed by the applied prior art would necessarily have these characteristics. The applicant may respond with additional information regarding this* .

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an
Attachment to a signed Office action.
_____
Examiner's signature, if required